


Premier Plastic Surgery Center
Gynecomastia and Body Contouring Questionnaire

NAME _____ DATE ____/____/20____
 When did you first notice abnormal chest enlargement? _____
 Ever have scoliosis? _____ Was it ever treated? _____
 Ever smoke? _____ How much? _____ How many years? _____ Quit? _____
 List vitamins or herbals _____
 Have you ever taken Fen-Phen? _____ When? _____ How long? _____
 Would you like to minimize any stretch marks on your body?..... Yes No
 What was your lifetime maximum weight? _____ Current weight? _____
 Height? _____
 How has your weight changed in the past 12 months? _____
 Have you ever taken or used any of the following substances?

- | | | | |
|----------------------|-------------------|-------------------|----------------|
| Tagamet (Cimetidine) | Anabolic steroids | marijuana | Spironolactone |
| Verapamil | Nifedipine | Excessive alcohol | |
| Omeprazole | Ketoconazole | Growth Hormone | |
| HCG | Anti-androgens | Estrogens | |

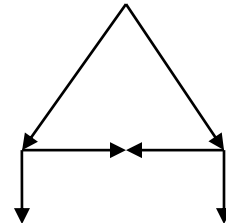
Have you ever been diagnosed with any of the following conditions?
 Pituitary insufficiency? _____ Klinefelter's Syndrome? _____
 Liver failure or cirrhosis? _____ Hyperthyroidism? _____
 Cystic fibrosis? _____ Ulcerative colitis? _____

Have you ever had an endocrine hormone workup? _____
 How often do you exercise? _____
 When you work out, what kind of exercise do you do? (e.g. Aerobics? Weight training? Yoga? etc.) _____
 What areas of your body would you like to improve? (Please circle all that apply) Neck Arms
 Chest Back Flanks Abdomen Hips Buttocks Outer thighs Inner Thighs Knees
 Of the areas you circled above, which is your highest priority? _____

Please sign here _____ Date ____/____/20____

OFFICE USE ONLY BELOW THIS LINE

ARMS Right. _____ Left _____
CHEST Circum. _____
ABDOMEN (Mid) _____
 (Lower) _____
HIPS _____
THIGHS Right. _____ Left _____
KNEES Right. _____ Left _____



Skin envelope: tight _____ moderate _____ loose _____

PLAN: NECK LIFT BRACHIOPLASTY Gynecomastia excision Rt Lt Pexy
LIPO: Neck Arms Chest Back Flanks Abdomen Hips Buttocks Outer thighs
 Inner thighs Knees
ABDOMINOPLASTY: Mini Full CIRC Vertical

Pre-op clearance.....Yes No
Dangers of smoking reviewed?.....Yes No
Options/risks/uncertainties reviewed....Yes No